



# CDD Landfill Facilities

## Monthly Combined OEPA, Ground Water, & ODNR Disposal Fee Submittal Form

This form is for use by licensed CDD Landfills only.  
**DO NOT** use this form to report CDD disposal at MSW landfills.

**EPA / Health District Use Only**

Postmark Date: \_\_\_\_\_  
 Check ID: \_\_\_\_\_  
 Revenue #: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Rev. Type: \_\_\_\_\_ LFST5

For the month of: _____	Year: 20__
Facility Name (CDD Facilities Only): _____	
Facility Core ID Number: _____	

A. Disposal of construction & demolition debris waste by cubic yards:			
1. EPA / Health Dist. Fee	2. ODNR Fee	3. Ground Water Fee	4. Total yd <sup>3</sup> Fee
_____ yd <sup>3</sup> * \$0.30 = \$ _____	_____ yd <sup>3</sup> * \$0.50 = \$ _____	_____ yd <sup>3</sup> * \$0.05 = \$ _____	\$ _____ (A1 + A2 + A3)

B. Disposal of construction & demolition debris waste by tons:			
1. EPA / Health Dist. Fee	2. ODNR Fee	3. Ground Water Fee	4. Total TN Fee
_____ tn * \$0.60 = \$ _____	_____ tn * \$1.00 = \$ _____	_____ tn * \$0.10 = \$ _____	\$ _____ (B1 + B2 + B3)

C. Total Fees			
Total EPA/HD Fee (A1 + B1)	Total ODNR Fee (A2 + B2)	Total GW Fee (A3 + B3)	Total Fee (A4+B4)
\$ _____	\$ _____	\$ _____	\$ _____

I hereby certify that the above statements are true and correct.

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Notary Public

**To Ensure Proper Credit, Submit This Form & Payment to the Issuer of the License for this Facility**

**License Issued by Health District**

**OR**

**License Issued by Ohio EPA**

Health District: _____
Check Payable to: Your Local Health District
Send to: Your Local Health District

Check Payable to: Treasurer, State of Ohio
Send To: Ohio EPA
Dept. L-2711
Columbus, OH 43260-2711